

Town of Angelica
49 Park Circle, PO Box 338
Angelica, NY 14709
APPLICATION FOR USE OF TOWN FACILITIES

Today's Date: _____ Date(s) Requested: _____

Facility Requested: _____

INFORMATION ABOUT YOUR GROUP

Name of Organization or Individual: _____

Time: _____ to _____. Your supervisor in charge: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF TOWN FACILITIES

Purpose of Use: _____

Approximate number of people expected: _____

Is an admission fee charged? Yes _____ No _____

If so, what will proceeds be used for? _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulation and agrees to comply with them. He/She agrees to be responsible to the municipality for the use and care of the facilities. He/she on behalf of the above named organization or individual does hereby covenant and agree to defend, indemnify and hold harmless the Town of Angelica from and against any and all liability, loss, damages, claims, or action (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out to or in connection with the actual or proposed use of the Town Of Angelica's property, facilities and/or services by the organization or individual named above.

Signature of Organization's Representative or
Individual Named Above.

Address: _____
Telephone Number: _____

READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

**TOWN OF ANGEICA
49 PARK CIRCLE, PO BOX 338
ANGELICA, NY 14709
ATTENTION: TOWN SUPERVISOR**